

MAR - 1 2012

Please type or print in ink.

2012 MAR - 1 PM 4:47



NAME OF FILER (LAST) (FIRST) (MIDDLE)
Huff Robert S

1. Office, Agency, or Court

Agency Name

State Senate

Division, Board, Department, District, if applicable

29th SD

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other: _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 12

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/29/12
(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Robert Huff

▶ 1. BUSINESS ENTITY OR TRUST

Ray S. French Company

Name

P.O. Box 4243 Diamond Bar, CA 91765

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Commodity Wholesaler

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☒ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

Mei Mei Ho Consulting

Name

P.O. Box 4243 Diamond Bar, CA 91765

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Business Consulting

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☒ LLC

Other

YOUR BUSINESS POSITION Spouse of Principal

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☒ OVER \$100,000

☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Pacific Palms Resort/Majestic Industry Hills LLC

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

 / / 11

ACQUIRED

 / / 11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Robert Huff	

► NAME OF SOURCE
US Borax, Inc.

ADDRESS (Business Address Acceptable)
8051 E. Maplewood Avenue, Greenwood Village, CO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
80111, Mineral Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 14 / 11	\$ 96.59	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Parliament of Azerbaijan

ADDRESS (Business Address Acceptable)
1 Parliament Av, AZ 1152 Baku, Azerbaijan Republic

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Govement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 25 / 11	\$ 2,200	Hotel, ground transport
9 / 28 / 11	\$	meals & activities for
/ /	\$	self and spouse

► NAME OF SOURCE
The Pacifica Institute

ADDRESS (Business Address Acceptable)
1019 Gayley Ave., Suite A, Los Angeles, CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit cross cultural awareness foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 19 / 11	\$ 2,710	Hotel, ground transport
10 / 28 / 11	\$	meals & activities for
/ /	\$	self and spouse

► NAME OF SOURCE
The Chinese People's Institute of Foreign Affairs

ADDRESS (Business Address Acceptable)
71 Nanchizi Street, Beijing, China 100006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Affairs Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 3 / 11	\$ 2,400	Hotel, ground transport
11 / 11 / 11	\$	meals, cultural activitie
/ /	\$	for self and spouse

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert Huff
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► NAME OF SOURCE
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Road, Lakeside, CA 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal Resort and Casino

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 11 / 11</u>	\$ <u>69.60</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
PG&E
 ADDRESS (Business Address Acceptable)
1415 L Street, Suite 280, Sacto, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Power Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 30 / 11</u>	\$ <u>145.90</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
AT&T
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1800, Sacto, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 3 / 11</u>	\$ <u>92.61</u>	<u>Ticket to concert</u>
<u> / / </u>	\$ <u> </u>	<u>at Arco Arena</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California Dental Assn.
 ADDRESS (Business Address Acceptable)
1201 K Street, 14th Floor., Sacto, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dental Assn.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 24 / 11</u>	\$ <u>124.31</u>	<u>Ticket to concert at</u>
<u> / / </u>	\$ <u> </u>	<u>Power Balance</u>
<u> / / </u>	\$ <u> </u>	<u>Pavilion</u>

► NAME OF SOURCE
CA Building Industry Assn.
 ADDRESS (Business Address Acceptable)
1215 K Street., Sacto, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Assn.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 26 / 11</u>	\$ <u>101.62</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Global Automakers
 ADDRESS (Business Address Acceptable)
1050 K Street, Suite 650, Washington, D.C. 20001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association of Automakers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 16 / 11</u>	\$ <u>102.70</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert Huff
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▶ NAME OF SOURCE
John Wayne Airport

ADDRESS (Business Address Acceptable)
3160 Airway Avenue, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 31 / 11</u>	\$ <u>150</u>	<u>Parking</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Council for Legislative Excellence

ADDRESS (Business Address Acceptable)
2150 River Plaza Drive, Suite 150, Sacto, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic League

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 8 / 11</u>	\$ <u>75.45</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
EdVoice

ADDRESS (Business Address Acceptable)
1107 9th St., Suite 680, Sacto, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational non-profit group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 16 / 11</u>	\$ <u>61.16</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
EdVoice

ADDRESS (Business Address Acceptable)
1107 9th St., Suite 680, Sacto, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational non-profit group (501 c 3)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 4 / 11</u>	\$ <u>1,003.83</u>	<u>travel, lodging meals</u>
<u>7 / 5 / 11</u>	\$ <u> </u>	<u>for speaking at</u>
<u> / / </u>	\$ <u> </u>	<u>symposium</u>

▶ NAME OF SOURCE
Metropolitan Water District of So Cal

ADDRESS (Business Address Acceptable)
P.O. Box 54153, Los Angeles, CA 90054

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 21 / 11</u>	\$ <u>54.54</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Tejon Ranch

ADDRESS (Business Address Acceptable)
1121 L Street, Suite 409, Sacto., CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ranching Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 11</u>	\$ <u>62.95</u>	<u>Meals</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Huff

► NAME OF SOURCE

California Contract Cities Assn.

ADDRESS (Business Address Acceptable)

11027 Downey Avenue, CA 90241

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Association of Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 12 / 11	\$ 525	Lodging & meals @
5 / 14 / 11	\$	conference. Spoke on
/ /	\$	panel.

► NAME OF SOURCE

Cal Trout

ADDRESS (Business Address Acceptable)

870 Market St., Ste 528, San Francisco, CA 94102

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trout Assn.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 8 / 11	\$ 250	meals, fishing guide
7 / 10 / 11	\$	
/ /	\$	

► NAME OF SOURCE

Fall River Conservancy

ADDRESS (Business Address Acceptable)

P.O. Box 395, Fall River Mills, CA 96028

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nobn-profit River Conservancy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 8 / 11	\$ 250	meals, fishing guide
7 / 10 / 11	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: